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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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FEB 1 4 2008

MAINE ETHICS COMMISSION

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a pr	reviously filed statement for the calendar year	2007.		
	LEGISLATOR INFORMATION			
Name // / / =		Member of:		
Michael E. Dun	,	☑ House ☐ Senate		
Mailing address 135 E / w 54	rat	District (8		
City, zip code		- A		
City, zip code Bangar 04	1/01	Phone 945-3392		
PART 1. INCOM	IE DERIVED FROM EMPLOYMENT BY AND	THER		
List the name and address of each emplo principal type of economic activity of each e	yer from whom you received compensation mployer.	of \$1,000 or more.' Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
See Doy Rosfavior to front St. Bangor, mil 04/0.		Rostaniant		
	3 Campus ibr. Frequent, mis	Retail		
State of Maine (State Legislater)		Govt.		
<u>an in air leann an an an Airiste Dealait</u> (Fo	COME DERIVED FROM SELF-EMPLOYMEN r Legislators who are self-employed.)			
A. List the name and address of your bus derived income. If associated with a partner areas of economic activity of that entity.	siness, if any, and list the major areas of edership, firm, professional association, or simil	conomic activity from which you ar business entity, list the major		
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)		
Name:				
Address:				
Name:	the the second of the second o	and the second control of the second control		
Address:	•	•		

PART 2 (continued). INCOME DER	IVED FROM SELF-EMPLOYMENT
(For Legislators who	are self-employed.)
B. List each source of income derived from self-employment that rep is greater, and specify the principal type of economic activity of the e disclosure is prohibited by law, rule, or an established code of profes the entity or person from whom the income was derived.	ntity or person from whom you derived such income. If this form of ssional ethics, specify only the principal type of economic activity of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. MAJOR AR (For Legislators who are	
List your major areas of practice. If associated with a law firm, list the	responsible and the second control of the se
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)
Name:	
Address:	
Name: Address:	
PART 4. OTHER SOL	IDCES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1, 2,	
□ None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Namey Smith Address: 135 Elm 5t. Banyor, ME O	441 Route / Insome
Name:	
Address:	· ·
PART 5. REPORTA	BLE LIABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mo areas of economic activity of each creditor. Do not list loans from a re-	
□, None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	Accessed to the second
Address:	
Name:	
Address: .	
PART 6. REPOR	TABLE GIFTS
List the specific source of each gift of more than \$300. Include gifts v none, check the box	vith an aggregate value of more than \$300 from a single source. If
None	
Name of Source of Gift	Name of Source of Gift
2.	4.

DADT 7 DEPORTABLE	- 1 1 -	i ii.	A Carrier Service Control of the Carrier Service Control of th
PART 7. REPORTABLE List the source of any honoraria accepted for appearances or speeches re			
None	lateu w	your on	licial duties. If none, check the box.
Name of Source of Honoraria	-		lame of Source of Honoraria
1. 3.	•	. *	CHE OF OCCUPANT PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE
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T.			
PART 8. REPRESENTATION BEF			
List each executive branch agency before which you represented or assi the box.	sted otn	ers for	compensation of any amount. If none, check
None		**************************************	
Name of Agency	Paramata and the second		Name of Agency
1. 3.			
2. 4.		dissipation and the second	
PART 9. BUSINESS WITH S	TATE /	AGĚŇ(zifes 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
List each executive branch agency to which you or a member of your imm \$1,000 during the reporting period. If none, check the box.	ediate fa	amily so	old goods or services with a value in excess of
None			
Name of Agency	Service of the servic		Name of Agency
1. 3.			
2.	######################################	.X. 	Brake and realized a second of the second of
4	-		
PART 10. INCOME RECEIVED BY MEMB	ERS O	FIMM	EDIATE FAMILY
List the type of economic activity representing each source of income of 3 (ren) during the reporting period and the kind of income represented. Do r "D" for income received by dependents.	not includ	de gifts.	received by your spouse or dependent child . Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Received	appro	rcle opriate tter	Kind of Income
1.	s	D	The state of the second of the
2.	S	D	
3.	S	D	
4.	S	D	
SIGNATURE		1 2747	
SIGNATURE	:	<u> </u>	
A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)) a fine	of \$10	per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If the Co willfully filed a false statement, it shall refer its findings of fact to the Attor	mmissioney Ge	on cond	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to file a the Legislator shall be presumed to have a conflict of interest on every question in committee or in either branch of the Legislature, and shall (1 M.R.S.A. § 1019)	a require	ed state	nd shall be precluded from voting on any
M / 1/20 0			F-1 2.22
Signature			14, doox

Date

NAME.			-		D	ATE:	· -		K	
ADDRESS:	1000		Lotte State (Marie State					**************************************		700
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Please provide information you	any additional are providing.	information	below (and on	additional s	sheets if need	ded). Indi	cate the p	part or sectio	n number	for the
Part/Section Number			anche s of trade - South Land, make a Audinio	auch VIII muigh (au a-d-Sphirm company Rocking rive	The second secon		· · · · · · · · · · · · · · · · · · ·			W. All Delta
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